



State of Arkansas Employment Application

- Applications for employment with the State of Arkansas, or any subdivision thereof, are accepted without regard to sex, race or color, national origin, handicap/disability, age, religion, or political affiliation. Conviction of a crime does not automatically bar any applicant from employment or other opportunities with the State of Arkansas.
- Applications, once filed, may be subject to disclosure as a public record under the Arkansas Freedom of Information Act.
- Applications filed do not create a contract of employment with the State of Arkansas or any of its subdivisions. If any individual is hired, employment is not for any definite period of time. Individuals hired will also be required to provide proof of eligibility to work in the United States pursuant to the Immigration Reform and Control Act of 1986.
- Qualified applicants with disabilities, as defined in the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, may request any needed accommodations to participate in the application process.

EQUAL EMPLOYMENT DATA This section is designed to collect information which will be used in the completion of various state and federal reports and will not be used in the processing of, or remain part of, your application. The completion of this section is voluntary.

Applicant's Name _____
Social Security Number _____
Date of Birth _____ ☐ Male ☐ Female

■ **Check one of the four (4) listed which you consider yourself to be:**

- ☐ White (Descendant of the original peoples of Europe, North Africa, or the Middle East)
- ☐ Black (Descendant of the black racial groups in Africa)
- ☐ American Indian or Alaskan Native (Descendant of any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition)
- ☐ Asian or Pacific Islander (Descendant of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands)

Do you consider yourself to be Hispanic (A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture origin, regardless of race)? ☐ Yes ☐ No

■ **Military History**

If you believe you may be eligible for veterans preference consideration, complete this section. The Arkansas Veterans Preference Act states specific requirements which must be met in order to be eligible for veterans preference. Under certain conditions spouses, widows, or widowers of qualified veterans may also be eligible for veterans preference. For consideration of veterans preference, proof such as a DD-214, current letter from the Veterans Administration, or other official documentation may be required. Specific questions regarding veterans preference should be addressed to individual state agency personnel offices.

Have you served on active duty in the United States military, excluding Active Duty for Training (AcDuTra) and Reserve Military Annual Training (AT)? ☐ Yes ☐ No

Branch of service _____

Date of entry _____

Date of discharge _____

Type of discharge _____

■ **How did you learn of this job opening?**

- ☐ Newspaper
- ☐ Employment Security Department
- ☐ Agency announcement
- ☐ Educational Institution. Name of Institution: _____
- ☐ Other Explain: _____

APPLICATION FOR EMPLOYMENT

Please answer all questions which apply to you. If they do not apply, mark them N/A. Please print, type or write legibly.

LAST NAME		FIRST NAME		MIDDLE NAME	
COMPLETE MAILING ADDRESS		CITY	STATE	ZIP CODE	COUNTY
HOME PHONE NUMBER	WORK PHONE NUMBER		MESSAGE OR OTHER PHONE NUMBER		

Position for which you are applying (give title and position number):

EMPLOYMENT STATUS SECTION

Will you accept employment anywhere in the State? ☐ Yes ☐ No

If no, where would you accept employment? _____

Will you accept any type of employment? ☐ Yes ☐ No

If no, check which type(s) of employment you will accept. ☐ Full Employment ☐ Part Time ☐ Temporary

Have you ever filed an application for employment with this agency? ☐ Yes ☐ No

If yes, what was your name at that time? _____

Have you ever been employed by Arkansas State Government? ☐ Yes ☐ No

List professional license(s) relevant to position(s) for which you are applying. Give type of license, license number, date of expiration, and state. _____

May we contact your current employer? ☐ Yes ☐ No

May we contact your former employer(s)? ☐ Yes ☐ No

EDUCATIONAL HISTORY

HIGH SCHOOL	Received:	If None, Highest Grade Completed ____
	<input type="checkbox"/> Diploma <input type="checkbox"/> G.E.D. <input type="checkbox"/> Certificate: Type Awarded: _____	

■ List below post secondary schools, colleges, universities, trade/vocational, or others attended:

Name and Location	From		To		Major/Minor	Hours Completed (See note below)	Degree/ Diploma Awarded	Date Graduated
	Mo.	Yr.	Mo.	Yr.				

Note: For hours completed indicate whether semester hours, quarter hours, clock hours, etc.

Name: Last First Middle

WORK HISTORY

List **all** prior work experience, **including military service**, beginning with your most recent employment. (Include **all** work experience **even if** you do not believe that experience to be related to the position or positions for which you are applying.) You may **include volunteer or unpaid work** as part of your history; however, you should include the number of hours per week which you performed these duties. If you do not have enough space to list all your work experience, use a separate sheet for continuation. If you wish to include a resume instead of completing the work history section, make sure all the requested information is included.

1.	Current or most recent employer		Business phone number		Employment dates
	Complete mailing address	City	State	Zip Code	From _____ Month Year
	Type of business				To _____ Month Year
	Supervisor's name				Average hours worked
	Name under which employed	Your job title			per week _____
	Your job duties (be specific)				Salary
					\$ _____ \$ _____ Lowest Highest
Reason for leaving					
2.	Employer		Business phone number		Employment dates
	Complete mailing address	City	State	Zip Code	From _____ Month Year
	Type of business				To _____ Month Year
	Supervisor's name				Average hours worked
	Name under which employed	Your job title			per week _____
	Your job duties (be specific)				Salary
					\$ _____ \$ _____ Lowest Highest
Reason for leaving					
3.	Employer		Business phone number		Employment dates
	Complete mailing address	City	State	Zip Code	From _____ Month Year
	Type of business				To _____ Month Year
	Supervisor's name				Average hours worked
	Name under which employed	Your job title			per week _____
	Your job duties (be specific)				Salary
					\$ _____ \$ _____ Lowest Highest
Reason for leaving					

[illegible]

SPECIAL SKILLS

Typing Speed (corrected words per minute):
Stenographic Speed (words per minute):
Can you transcribe machine dictation? <input type="checkbox"/> YES <input type="checkbox"/> NO
List the business machines, computers and word processors you can operate:
List any other skills relative to the job(s) for which you are applying:

REFERENCES

- Please list three (3) persons not related to you, who have knowledge of your work qualifications, are not previous or current employer(s), and can serve as a reference for you.

Name	Address	Telephone
1.		
2.		
3.		

NEPOTISM

- Do you have any relatives employed by the state agency to which you are submitting this application for employment? ☐ Yes ☐ No If yes, complete the remainder of this section.
(This question is being asked for the sole purpose of ensuring compliance with any applicable law or policy concerning nepotism.)

Name	Relation	Agency employed by

■ Before you sign this application

Check over your answers to make sure that all questions have been completed properly. If the job you are applying for requires a college degree or certification, a copy of your transcript, certificate, or license may be required as a condition of employment.

I, the below signed individual, hereby declare that, to the best of my knowledge and my ability, the information on this application is true and factual.

I understand that if I am hired, that my employment is not for any definite period of time, and I may be terminated at any time.

I understand that if I state that I have a college degree, and do not have one, that my application will be rejected or, if hired, I will be terminated in accordance with Arkansas Code 21-12-102.

I understand that my application may be subject to disclosure as a public record under the Arkansas Freedom of Information Act.

I understand that certain jobs may require an acceptable driver's safety record, and that if my current or future driver's record is unacceptable under the State Driver's Risk Program, my application may be rejected and, if hired, I may be subject to termination.

I understand that I will be required to provide proof of eligibility to work in the United States pursuant to the Immigration Reform and Control Act of 1986 as a condition of any employment.

I understand that false, misleading, or incomplete statements could lead to my dismissal as an employee or rejection as an applicant.

I also understand that some jobs require special background checks, security clearance, or compliance with other specific agency hiring policies prior to my employment, or as a condition of employment; and that failure to meet these requirements may lead to my rejection as an applicant for, or termination from, that job.

I affirm that it is my genuine intent to seek, and if offered, employment in Arkansas State Government, and this application is submitted solely for that purpose and for no other purposes.

Signature of applicant

Date of signature

NOTICE TO APPLICANTS

The following instructions and information are provided to assist you in filing an employment application with the Department of Information Systems.

Instructions

Complete the entire application, indicate the job title(s), if known, for which you wish to be considered for, and sign and date the application. You should provide correct telephone numbers and addresses where you can be contacted. You are encouraged to attach a resumé to supplement the application.

The application contains spaces for you to write four (4) job titles, if known, for which you wish to be considered. Once these four (4) spaces have been filled in, you should submit a new application.

Application Process

It is the policy of the Department of Information Systems to accept applications for Database Administration, Systems Support, and Applications Development Programming positions and Telecommunications Engineering, Management, and Technician positions at any time. Applications for other positions will be accepted when there is a posted job vacancy within the department. If there are no posted job vacancies, you may apply at the local Arkansas Employment Security Department, which maintains a current listing of all state government job vacancies.

The Department provides a Job Information Line, which states current job vacancies. The Job Line number is (501) 682-9500 and can be called any day of the week. The Job Line is normally updated on Monday morning.

Applications will remain active for one (1) year from the date they are received.

An application received after the closing date for a posted job vacancy *WILL NOT* be referred. However, the application will be placed in our application files for one (1) year from the date received. If another job vacancy occurs while your application is in active status and for which you have met the minimum qualification, your application will then be referred.

(continue on back)

DIS Human Resources reviews applications to match qualifications with job vacancies. If it has been determined that you possess the minimum qualifications for a specific job, your application may be forwarded to the appropriate hiring official for consideration. If you are selected for an interview, DIS Human Resources will contact you

DIS Human Resources Manager will notify you in writing when your name has been removed from consideration and the reason(s) for such action. Your application will be removed if:

- (a) you decline an appointment in the job title for which you have made application and state that you no longer desire consideration;
- (b) you accept employment with the Department of Information Systems for the same job title for which you have made application;
- (d) you fail to -show for a scheduled interview;
- (e) you do not meet the minimum qualifications established for a specific job title.

Information about the Department

It is the policy of the Department to maintain a drug-free workplace. Therefore, the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance in the State's workplace is prohibited. An employee of the Department who violates the Department's DrugFree Workplace Policy will be subject to discipline up to and including termination.

The Department of Information Systems is an Equal Opportunity Employer.

This application should be returned to the address shown below.

RETURN TO:

**DEPARTMENT OF INFORMATION SYSTEMS
ATTN: HUMAN RESOURCES
P.O. BOX 3155
LITTLE ROCK, AR 72203**

**Governor's Executive Order 98-04
Requires Notice to Employees**

The Governor's Executive Order requires state agencies to provide written notice to employees of certain requirements and restrictions as a condition of employment with the State of Arkansas. The following information is from the Arkansas Code Annotated §§ 19-11-702, 19-11-706, 19-11-709, and 19-11-712.

§ 19-11-702. Penalties.

Any employee or nonemployee who shall knowingly violate any of the provisions of this subchapter (19-11-701 et.seq.) shall be guilty of a felony and upon conviction shall be fined in any sum not to exceed ten thousand dollars (\$10,000) or shall be imprisoned not less than one (1) nor more than five (5) years, or shall be punished by both.

§ 19-11-706. Employee disclosure requirements.

(a) Disclosure of Benefit Received from Contract. Any employee who has or obtains any benefit from any state contract with a business in which the employee has a financial interest shall report such benefit to the Director of the Department of Finance and Administration. However, this section shall not apply to a contract with a business where the employee's interest in the business has been placed in a disclosed blind trust.

(b) Failure to Disclose Benefit Received. Any employee who knows or should have known of such benefit and fails to report the benefit to the director is in breach of the ethical standards of this section.

§ 19-11-709. Restrictions on employment of present and former employees.

(a) Contemporaneous Employment Prohibited. It shall be a breach of ethical standards for any employee who is involved in procurement to become or be, while such an employee, the employee of any party contracting with the state agency by which the employee is employed.

(b) Restrictions on Former Employees in Matters Connected with Their Former Duties.

(1) Permanent Disqualification of Former Employee Personally Involved in a Particular Matter. It shall be a breach of ethical standards for any former employee knowingly to act as a principal or as an agent for anyone other than the state in connection with any:

- (A) Judicial or other proceeding, application, request for a ruling, or other determination;
- (B) Contract;
- (C) Claim; or
- (D) Charge or controversy

in which the employee participated personally and substantially through decision, approval, disapproval, recommendation, rendering of advice, investigation, or otherwise while an employee, where the state is a party or has a direct and substantial interest.

(2) One-Year Representation Restriction Regarding Matters for Which a Former Employee Was Officially Responsible. It shall be a breach of ethical standards for any former employee, within one (1) year after cessation of the former employee's official responsibility in connection with any:

- (A) Judicial or other proceeding, application, request for a ruling, or other determination;
- (B) Contract;
- (C) Claim; or
- (D) Charge or controversy

knowingly to act as a principal or as an agent for anyone other than the state in matters which were within the former employee's official responsibility, where the state is a party or has a direct or substantial interest.

(c) Disqualification of Partners.

(1) When Partner Is a State Employee. It shall be a breach of ethical standards for a person who is a partner of an employee knowingly to act as a principal or as an agent for anyone other than the state in connection with any:

- (A) Judicial or other proceeding, application, request for a ruling, or other determination;
- (B) Contract;
- (C) Claim; or
- (D) Charge or controversy

in which the employee either participates personally and substantially through decision, approval, disapproval, recommendation, the rendering of advice, investigation, or otherwise, or which is the subject of the employee's official responsibility, where the state is a party or has a direct and substantial interest.

(2) When a Partner Is a Former State Employee. It shall be a breach of ethical standards for a partner of a former employee knowingly to act as a principal or as an agent for anyone other than the state where such former employee is barred under subsection (b) of this section.

(d)(1) Selling to State After Termination of Employment Is Prohibited. It shall be a breach of ethical standards for any former employee, unless the former employee's last annual salary did not exceed ten thousand five hundred dollars (\$10,500), to engage in selling or attempting to sell commodities or services to the state for one (1) year following the date employment ceased.

(2) The term "sell", as used in this subsection, means signing a bid, proposal, or contract; negotiating a contract; contacting any employee for the purpose of obtaining, negotiating, or discussing changes in specifications, price, cost allowances, or other terms of a contract; settling disputes concerning performance of a contract; or any other liaison activity with a view toward the ultimate consummation of a sale although the actual contract therefor is subsequently negotiated by another person.

(e)(1) This section is not intended to preclude a former employee from accepting employment with private industry solely because his employer is a contractor with this state.

(2) This section is not intended to preclude an employee, a former employee, or a partner of an employee or former employee from filing an action as a taxpayer for alleged violations of this subchapter.

§ 19-11-712. Civil and administrative remedies against employees who breach ethical standards.

(a) Existing Remedies Not Impaired. Civil and administrative remedies against employees which are in existence on July 1, 1979, shall not be impaired.

(b) Supplemental Remedies. In addition to existing remedies for breach of the ethical standards of this subchapter, or regulations promulgated thereunder, the Director of the Department of Finance and Administration may impose any one (1) or more of the following:

- (1) Oral or written warnings or reprimands;
- (2) Forfeiture of pay without suspension;
- (3) Suspension with or without pay for specified periods of time; and
- (4) Termination of employment.

(c) Right to Recover from Employee Value Received in Breach of Ethical Standards. The value of anything received by an employee in breach of the ethical standards of this subchapter, or regulations promulgated thereunder, shall be recoverable by the state as provided in § 19-11-714, which refers to recovery of value transferred or received in breach of ethical standards.

(d) Due Process. Notice and an opportunity for a hearing shall be provided prior to imposition of any of the remedies set forth in subsection (b) of this section.

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

F-1

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

TAXPAYER ID #:	SOCIAL SECURITY NUMBER -----	OR	FEDERAL ID NUMBER -----	SUBCONTRACTOR: <input type="checkbox"/> Yes <input type="checkbox"/> No	SUBCONTRACTOR NAME:
TAXPAYER ID NAME:				IS THIS FOR: <input type="checkbox"/> Goods? <input type="checkbox"/> Services? <input type="checkbox"/> Both?	
YOUR LAST NAME:		FIRST NAME:		M.I.:	
ADDRESS:					
CITY:		STATE:		ZIP CODE:	COUNTRY:

AS A CONDITION OF RENEWING OR OBTAINING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

FOR INDIVIDUALS

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (✓)		Name of Position or Job Held [i.e., senator, representative, secretary of state, data entry clerk, etc.]	For How Long?		What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly	(1)	(2)					
Constitutional Officer	(3)	(4)					
State Board or Commission Member	(5)	(6)					
State Employee	(7)	(8)					

☐ (9) None of the above applies

FOR AN ENTITY (BUSINESS)

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (✓)		Name of Position or Job Held [i.e., senator, representative, secretary of state, data entry clerk, etc.]	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	% Ownership Interest and/or Position of Control
General Assembly	(A)	(B)					
Constitutional Officer	(C)	(D)					
State Board or Commission Member	(E)	(F)					
State Employee	(G)	(H)					

☐ (I) None of the above applies

***NOTE: PLEASE LIST ADDITIONAL DISCLOSURES ON SEPARATE SHEET OF PAPER IF MORE SPACE IS NEEDED**

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

The failure of any individual or entity to disclose as required under any term of Executive Order 98-04, or the violation of any rule, regulation or policy promulgated by the Department of Finance and Administration pursuant to this Order, shall be considered a material breach of the terms of the contract, lease, purchase agreement, or grant and shall subject the party failing to disclose or in violation to all legal remedies available to the Agency under the provisions of the existing law.

As an additional condition of obtaining or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.
2. I will include the following language as a part of any agreement with a subcontractor:

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.
3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature _____ Title _____ Date _____

Entity Contact Person _____ Title _____ Phone No. _____

AGENCY USE ONLY				
Agency Number	Agency Name	Agency Contact Person	Agency Phone No.	Contract or Grant No.

FORMS AVAILABLE FROM OFFICE OF DISCLOSURE AND REVIEW (501) 682-5407

**NOTE: PLEASE LIST ADDITIONAL DISCLOSURES ON SEPARATE SHEET OF PAPER IF MORE SPACE IS NEEDED*

STATE OF ARKANSAS
Department of Finance and Administration

ADDENDUM TO ARKANSAS EMPLOYMENT APPLICATION

EMPLOYEE DISCLOSURE AND CERTIFICATION FORM

In Compliance with Governor's Executive Order 98-04,
Governor's Policy Directive No. 8, and
Arkansas Code Annotated § 21-8-304

I understand that to be eligible for employment with the State of Arkansas, I must be in compliance with Governor's Executive Order 98-04, Governor's Policy Directive No. 8 and Arkansas Code Annotated § 21-8-304. I therefore certify that:

1. I have listed below if I am a current or former member of the Arkansas General Assembly, current or former constitutional officer, or state employee.
2. I have listed below if my spouse or the brother, sister, parent, or child of me or my spouse is a member of the Arkansas General Assembly, constitutional officer, or state employee.
3. I understand that I cannot enter into any Professional Consulting Services Contracts with any state agency.

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse *is* a current or former: member of the General Assembly, Constitutional Officer, or State Employee:

Position Held	Mark (✓)		Name of Position or Job Held [i.e., senator, representative, secretary of state, data entry clerk, etc.]	For How Long?		What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, child, etc.]	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly	(1)	(2)					
Constitutional Officer	(3)	(4)					
State Employee	(7)	(8)					

☐ (9) None of the above applies

Name (*Please Print*)

Social Security Number

Signature

Date

STATE OF ARKANSAS
Department of Finance and Administration

EMPLOYMENT OF FAMILY MEMBERS

Governor's Executive Order 98-04 prohibits the hiring of spouses and immediate family members of members of the General Assembly, Constitutional Officers, and state employees without the prior written approval of the Chief Fiscal Officer of the State. Pursuant to Arkansas Code Annotated § 21-8-402(4), Immediate Family Member means an individual's spouse, children of that individual or his or her spouse, or brothers, sisters, or parents of the individual or his or her spouse. Arkansas Code Annotated § 21-8-304 prohibits public officials and state employees from using their positions to secure special privileges or exemptions for themselves or family members that are not available to others. Governor's Policy Directive No. 8 prohibits relatives from working in any capacity where one relative might supervise another.

Therefore, in order to avoid either a possible violation of A.C.A. § 21-8-304 and the above-referenced policies or the appearance of a conflict of interest, prior to the hiring of an immediate family member, documentation must be submitted to the Chief Fiscal Officer of the State certifying that customary hiring procedures were followed by the hiring official including, but not limited to, the requirement that the applicant meets the qualifications necessary to perform the duties of the position for which the applicant is being considered. The Chief Fiscal Officer of the State will review the certification and recommend approval or disapproval. Upon completion of the review process, the hiring official will be notified by the Chief Fiscal Officer.

Agency, Institution, Constitutional Officer:

Applicant's Name:

Social Security Number:

Name of Hiring Official:

Is the applicant related to the (a) applicant's supervisor or (b) applicant's hiring official? ☐ Yes ☐ No

If yes, then what is the relationship?

Applicant's Address:

Position Applicant Applied For:

Position No:

Pay Grade:

Annual Salary \$

I hereby certify that the above named applicant meets the education and experience qualifications (including knowledge, abilities, and skills) required to perform the duties of the position for which they are being considered.

Signature:

Institution/Agency Head or Constitutional Officer

Phone Number

☐ **Approved**

☐ **Disapproved**

Chief Fiscal Officer of the State

Date

STATE OF ARKANSAS
Department of Finance and Administration

ADDENDUM TO ARKANSAS EMPLOYMENT APPLICATION

EMPLOYEE DISCLOSURE REQUIREMENTS NOTICE

Governor's Executive Order 98-04 requires agencies to notify employees that they must report any benefit obtained from a state contract by a business in which the employee has a financial interest. The employee must report this benefit to the Director of the Department of Finance and Administration. The report is required by Arkansas Code Annotated § 19-11-706.

A state employee has a "financial interest" in a business if he/she:

- (a) Has received within the past year, or is presently or in the future entitled to receive, more than one thousand dollars (\$1,000) per year, as a result of ownership of any part of the business or any involvement in the business; or
- (b) Owns more than a five percent (5%) interest in the business; or
- (c) Holds a position in the business such as an officer, director, trustee, partner, employee, or the like, or holds any position of management.

Any employee who knows or should have known of such benefit and fails to report the benefit to the director is in breach of the ethical standards of Ark. Code Ann. § 19-11-706. In addition to existing civil and administrative remedies, Ark. Code Ann. § 19-11-712 allows the Director of the Department of Finance and Administration to impose, after notice and an opportunity for a hearing, any one or more of the following for failure of the employee to report:

- (a) Oral or written warnings or reprimands;
- (b) Forfeiture of pay without suspension;
- (c) Suspension with or without pay for specified periods of time; and
- (d) Termination of employment.

Pursuant to Arkansas Code Annotated § 19-11-702, any employee who shall knowingly fail to report such benefit to the director shall be guilty of a felony and upon conviction shall be fined in any sum not to exceed ten thousand dollars (\$10,000) or shall be imprisoned not less than one (1) nor more than five (5) years, or shall be punished by both.

I certify that I have received a copy of Ark. Code Ann. §§ 19-11-706, 19-11-702 and 19-11-712, and this Notice. The Regulations promulgated to enforce Executive Order 98-04 contain additional information regarding this reporting requirement at Section 13, posted by the agency in a conspicuous place. I understand that it is my responsibility to comply with the requirement to report as explained in Ark. Code Ann. § 19-11-706, this Notice and the regulation.

Agency Name

Name of Employee (Please Print)

Social Security Number

Signature of Employee

Date

STATE OF ARKANSAS
Department of Finance and Administration

ADDENDUM TO ARKANSAS EMPLOYMENT APPLICATION

EMPLOYMENT RESTRICTIONS NOTICE

Governor's Executive Order 98-04 requires agencies to notify employees that Ark. Code Ann. § 19-11-709 restricts the employment of state employees under certain conditions, both during the time they are employed by the state and after they leave state employment, including:

- (1) employment of a current state employee involved in procurement by any party contracting with the state;
- (2) former employees from representing anyone other than the state under certain conditions in matters which the employee participated personally and substantially or which were within the former employee's official responsibility;
- (3) partners of a current or former state employee from representing anyone other than the state under certain conditions; and
- (4) selling to the state after termination of employment under certain conditions.

Any current or former state employee who violates any of these employment restrictions is in breach of the ethical standards of Ark. Code Ann. § 19-11-709. In addition to civil and administrative remedies, Ark. Code Ann. § 19-11-712 allows the Director of the Department of Finance and Administration to impose, after notice and an opportunity for a hearing, any one (1) or more of the following:

- (a) Oral or written warnings or reprimands;
- (b) Forfeiture of pay without suspension;
- (c) Suspension with or without pay for specified periods of time; and
- (d) Termination of employment.

Pursuant to Arkansas code Annotated §19-11-702, any employee who shall knowingly violate any of these restrictions shall be guilty of a felony and upon conviction shall be fined in any sum not to exceed ten thousand dollars (\$10,000) or shall be imprisoned not less than one (1) nor more than five (5) years, or shall be punished by both.

I certify that I have received a copy of Ark. Code Ann. §§ 19-11-709, 19-11-702, and 19-11-712, and this Notice. The Regulations promulgated to enforce Executive Order 98-04 contain additional information regarding these employment restrictions at Section 14, which is posted by the agency in a conspicuous place. I understand that it is my responsibility to comply with the employment restrictions in Ark. Code Ann. § 19-11-709, this Notice, and the regulation.

Agency Name

Name of Employee (Please Print)

Social Security Number

Signature of Employee

Date